

## CLAIMS ONLY

Application Number

10/50, 131

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
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49						
50						
Total Indep	1					
Total Depend	10					
Total Claims	11					

* May be used for additional claims or amendments						
	*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depe
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Total Indep						
Total Depend						